



GulfNEWS

A bimonthly newsletter serving the interests of Gulf War veterans

Report assesses air quality during Gulf War

By Ivory Graham
Public Affairs

An environmental exposure report focusing on health effects of Gulf War veterans associated with exposure to particulate matter was released July 27. The "Particulate Matter Environmental Exposure Report" is based on analyses contained in a study conducted by an independent researcher. The peer-reviewed study considered the risk of adverse long-term health problems from exposure to be minimal.

Servicemembers deployed to the Gulf War were potentially subjected to several natural and man-made factors capable of causing adverse health effects. The region's air quality was a primary concern due to the high levels of dust and sand particles present in this region of the world. In addition to blowing sand from the desert environment, soot and the by-products of combusted crude oil contributed to the poor air quality. These particles are collectively referred to as particulate matter. Pre-war monitoring data indicate the particulate matter levels in the Kuwait theater of operations are among the highest in the world. These levels are considered "normal" for the region.

Particulate matter is a generic term applied to a broad class of chemically, physically and biologically diverse substances spanning a range of particle sizes. The chemical composition of the samples indicate that roughly 75 percent of the airborne particulate matter consisted of clays, primarily calcium and silica originating from the sand indigenous to the region. Another 10 to 23 percent was soot that originated from a variety of sources, including oil well fires and other industrial sources, and less than 10 percent came from miscellaneous sources.

"Data of this nature is critical in developing a causal relationship and in determining whether there was a potential for long-term health effects in Gulf War veterans," said William Shaughnessy, the lead in-
(See *AIR QUALITY*, page 4)

Load 'em up



DoD file photo

An M-551 Sheridan light tank of the 82nd Airborne Division, loaded with supplies sits behind a C-130 Hercules transport aircraft at the start of Operation Desert Storm.

Doctors try to define a syndrome using common factors

By Austin Camacho
Public Affairs

The phrase "Gulf War Syndrome" coined by the media has haunted medical researchers who are trying to identify a new disease that will explain the symptoms experienced by many Gulf War veterans. The wide variety of symptoms experienced by thousands of sick veterans has complicated diagnosing their conditions. Even the most recent examination of those symptoms still does not identify a unique Gulf War syndrome.

In medical terms, a syndrome is a group of symptoms or physical findings that together

are characteristic of a specified condition. Although most doctors have accepted the fact that many Gulf War veterans are sick, they are not convinced that veterans share a common syndrome, said Michael E. Kilpatrick, M.D., of the special assistant's office for Gulf War illnesses.

"We're still trying to determine if there really is a syndrome," said Kilpatrick. "If a set of symptoms could be tied to Gulf War service, they would constitute a clinical marker; that is, a way for doctors to tell that a person's illness was due to his or her service in the Gulf War."

Several epidemiologists have used factor analysis to determine if symptoms within a

group of Gulf War veterans can be used to determine a syndrome. Factor analysis is a mathematical process to see who in a particular group has what symptoms, and to see if these symptoms can be grouped. If one set of symptoms appears to generally occur in conjunction with others, that might be evidence of a distinct disease or syndrome. Robert Haley, M.D., has published his analysis identifying three syndromes and several overlapping syndromes. Two other groups using factor analysis have not found a syndrome.

Scientists from the Naval Health Research Center in San Diego recently attempted to
(See *SYMPTOMS*, page 2)

*From the desk of
Bernard D. Rostker
Special Assistant for
Gulf War Illnesses*



Our third year of operation can be best described as the “year of oversight.” The Presidential Special Oversight Board provided important guidance as we continued our efforts to find out what happened in the Gulf that might have made veterans sick. After a yearlong examination of our investigations, the General Accounting Office completed its review of our operations.

The objects of GAO’s inquiry were to: “(1) describe DoD’s progress in establishing an organization to address Gulf War illnesses issues, and (2) evaluate the thoroughness of OSAGWI’s investigations into and reporting on incidents of veterans’ potential exposure to chemical or biological warfare agents during the Gulf War.” In the course of intensely reviewing six case narratives, the GAO: tracked each statement in these narratives to its underlying supporting documents in OSAGWI’s files; reviewed OSAGWI’s documentation of each incident to determine whether the report included all relevant information; contacted key sources of information to verify the accuracy and completeness of the information these sources provided to OSAGWI; independently sought other sources of information; and contacted key participants not originally interviewed to determine if relevant information was available that might affect OSAGWI’s assessments of possible exposure to chemical warfare agents.

The GAO found DoD had “made progress in addressing Gulf War illnesses issues...[and] significant progress in establishing communications with veterans and others.”

We welcomed this oversight and have implemented many recommendations from these very different perspectives into our process. This guidance is especially important today as we look to the future and build on and expand the work we have been doing for Gulf War veterans.

Doctors search symptoms for commonality

(*SYNDROME*, from page 1)
determine if a syndrome or disease effects Gulf War veterans. Their results were published in the *American Journal of Epidemiology* in August.

The study titled “Factor Analysis of Self-Reported Symptoms: Does It Identify a Gulf War Syndrome?” is based on a survey of 524 Gulf War veterans and 935 non-deployed Gulf War-era veterans who were asked to list their symptoms. The test subjects were chosen from among the 5,000 U.S. Navy Seabees who served during the Gulf War.

Scientists reviewed the questionnaires looking for data that would indicate a syndrome. Factor analysis did not identify any unique Gulf War syndromes. In fact, deployed and non-deployed veterans reported similar clusters of symptoms and illnesses.

Although Gulf War veterans reported those illnesses more often, their symptoms were not unique or significantly different from the symptoms reported by the non-deployed veterans.

The study selected subjects from active duty units. In their paper, researchers say they wanted to reduce the likelihood that

veterans might be affected by exposures to potentially harmful materials encountered on their civilian jobs.

The study indicated that veterans’ symptoms did not seem related to any specific possibly harmful exposure. Instead, data analysis indicated that nearly all the exposures were related to almost all the symptoms. While these results do not help doctors to identify a Gulf War related illness, Kilpatrick says this kind of research is still very valuable.

“We have veterans who are sick, who have symptoms,” Kilpatrick said. “We don’t believe the symptoms are imaginary. Medical science has not been able to explain why veterans have them. In trying to determine some kind of clinical marker, a questionnaire that could be asked to identify people with a disease process that is related to service in the Gulf would be ideal.”

For now, Kilpatrick says research must continue. But in the absence of strong evidence that a Gulf War Syndrome does exist, doctors should focus on making our Gulf War veterans well, regardless of what symptoms they have.

From the VA

Billing policy clarified for Gulf War vets

By Terry Jemison
VA Public Affairs

The Department of Veterans Affairs issued a directive in May 1998 to provide clarification of billing policies for veterans who claim exposure related to their experience in the Gulf War. It is policy that veterans will not be assessed co-payments when the medical care and treatment provided is related to their exposure. Furthermore, co-payments will not be assessed for VA Persian Gulf Registry examinations.

Medical center staff have been advised that medical care and treatment provided to veterans for conditions related to their Gulf War service does not generate means test co-payments. This policy applies for outpatient visits and inpatient admissions. A means test co-payment will not be assessed for the initial Gulf War Registry health examination or for any related follow-up examinations, diagnostic testing or consultations.

To avoid co-payments being generated, these follow-up examinations or appointments must be documented as follow-up to the initial examination or be designated as potentially resulting from military service in the Gulf War. If a veteran has health insurance coverage and the condition being treated is non-service-connected, a claim will be generated to the insurance carrier for reimbursement. A prescription co-payment will be generated for medications dispensed for non-service-connected conditions.

When treatment is for a condition that could potentially be related to Gulf War service, clinical staff are responsible for documenting this fact in the veterans’ medical record. When this determination is not made, the automated billing system creates a co-payment bill to the patient.

If a veteran receives a co-payment bill for an episode in which the treatment provided was for a condition related to his or her military service in the Gulf War, the veteran should contact the Medical Care Cost Recovery Coordinator at the medical center. The issue will be researched and appropriate action will be taken.

Co-payments will be assessed to Gulf War veterans when the medical care and treatment provided was not related to their Gulf War experience.

Chronic fatigue meeting held in Washington, DC

CFS patients ask for more research funding

By Austin Camacho
Public Affairs

An independent panel recently held a public meeting in Washington, D.C., to review a new report by the General Accounting Office and determine how to improve its service to veterans experiencing chronic fatigue; one of the symptoms some believe to be associated with Gulf War.

The Chronic Fatigue Syndrome Coordinating Committee, sponsored by the Department of Health and Human Services, is a 12-member panel tasked with ensuring coordination and communication regarding chronic fatigue syndrome research between agencies of HHS, the medical community and volunteer organizations which support chronic fatigue patients. Open meetings are one way the committee works to include support organizations and people diagnosed with chronic fatigue syndrome in their efforts.

In her opening remarks, Ruth Kirschstein, acting director of the National Institutes of Health, described chronic fatigue as a debilitating disease that involves pain, impairment and bone-crushing fatigue. She said some people feel the name "chronic fatigue syndrome" doesn't adequately explain this disorder, because the syndrome has many symptoms in addition to fatigue.

"I want to assure you that the National Institutes of Health takes this disorder, as it takes all disorders, very seriously," Kirschstein said. "It's a complex, multi-system illness. We deal with these all the time. Sometimes we know what causes them, sometimes we don't, but we work hard through research to try to do as much as we can."

"We know that people are very disabled by this syndrome. We want to find ways not only to look for causes but also to be able to treat this very difficult problem. We need to train health care providers to recognize the syndrome and to see it as the patients see it."

Kirschstein also focused on one of the difficulties doctors have faced – establishing a reliable way to know when they encounter a case of the disorder.

"We've been working with others to assess clinical and other data concerning a case definition of CFS," she said.

Currently, chronic fatigue syndrome may be diagnosed if a patient suffers severe chronic fatigue for six months or longer and has at least four other symptoms from this list: short term memory loss, sore throat, muscle pain, tender lymph nodes, joint pain, headaches, unrefreshing sleep and malaise

after exertion that lasts more than 24 hours. Diagnosis is difficult because there are no laboratory tests to identify the syndrome, and many other illnesses have a similar group of symptoms.

The committee invited comments from the members of the public who attended, most of whom suffered from chronic fatigue syndrome or represented support groups. Their concerns were consistent. They expressed the need for more research into the cause and possible treatments for the illness, and the funding to get that research done. Committee members expressed agreement with the speakers, at least in part because the syndrome doesn't appear to be as rare as originally thought.

Jonathan Sterling, a committee member and President of the New Jersey Chronic Fatigue Syndrome Association, pointed out that studies done in 1997 estimated fewer than 20,000 Americans with the syndrome. Last year's prevalence studies estimated more than 800,000 cases.

"That's a 40-fold increase of the number of people suffering from this illness," Sterling said. "You would think that as you see those numbers rising, that the agencies would be doing everything to get more research generated."

Although, funding for chronic fatigue research has increased since 1987, in the last four years funding has remained more or less level. In 1999, the National Institutes of Health spent about \$6.9 million on chronic fatigue research, while the Centers for Disease Control and Prevention budgeted about \$6.5 million. Jeffrey Koplan, director of the CDC, explained their approach.

"CDC is not a research institution," said Koplan. "Its traditional constituency is state health departments. The CDC only does research that relates to public health, such as vaccine safety, or the cause of a West Nile virus outbreak. The CDC is very directive in research, while [the

National Institutes of Health] funds research that is investigator generated."

The CDC has focused largely on measuring prevalence and searching for disease causes, primarily exploring infections and immunological avenues. It has also done a significant amount of work trying to ferret out a case definition for CFS, Koplan said.

At the NIH, however, the mission is research. Scientists there have focused on possible causal agents and looked at the syndrome's effects on various body systems.

"In the next few months we'll be beginning field work for a national survey of chronic fatigue syndrome," Kirschstein said. "And we're beginning work on the protocol for a patient registry which will include a tissue repository. Also, we're pleased to link up with our partners in the public health service to help provide professional education on diagnosis and management of CFS."

Research into possible causes of CFS has centered on possible infectious agents and patients' immunologic dysfunction. Other possibilities pursued involve hormone imbalances and poorly regulated metabolic functions like blood pressure. At this point, no theory seems to stand out.

(See CFS, page 4)

Ready to rumble



DoD photo by TSgt Marv Lynchard

A ground crewman guides a 388th Tactical Fighter Wing (388th) F-16C Fighting Falcon pilot onto the taxiway. The 388th TFW deployed to Saudi Arabia to take part in Operation Desert Shield. Mounted on the aircraft's left outboard wing pylon is an AN/ALQ-131 Electronic Countermeasures pod; mounted on the side of the engine intake is a Low Altitude Navigation, Targeting Infrared Night navigation pod.

Your ticket to the information highway — visit our GulfLINK web site at:
<http://www.gulfink.osd.mil>

Are you a Gulf War veteran (or know of one) with health concerns? Call the CCEP at:
1-800-796-9699

Anyone with information on Gulf War incidents should call the Direct Hotline at:
1-800-497-6261

Gulf War veterans seeking information on VA benefits of all types should call the Persian Gulf Helpline at:
1-800-749-8387

Scientists observe levels of particulate matter in Kuwait

(*AIR QUALITY, from page 1*)
vestigator on the report.

This report suggests that some personnel with pre-existing respiratory problems may have experienced aggravated symptoms due to the high levels of particulate matter in the air and the dense concentration of the particles. Inhaling high levels of particulate matter could have resulted in several acute symptoms and may have aggravated asthmatic conditions in some soldiers. Typically, some U.S. personnel experienced cold- or flu-like symptoms, including cough, runny nose, eye and throat irritation and shortness of breath. However, these symptoms are generally short-term and reversible. Many of the respiratory complaints experienced during the Gulf War were not solely the result of exposure to high particulate matter levels. It was observed that in many cases, the respiratory problems experienced by some U.S. personnel were also ag-

gravated by the crowded living conditions.

The report also examined the adverse health effects from long-term exposure to silica and soot. When found at high concentrations over a working lifetime in an occupational environment, contaminants can be problematic. Although U.S. personnel were exposed to high levels of particulate matter during the Gulf War, the duration of these exposures that they were exposed to these levels was relatively short when compared with occupational exposures. The report found that the estimated exposures and total doses of contaminants were below human health protection standards. As a result, long-term health problems are not expected. Additionally, the results suggest that there is no link between exposures to particulate matter and the unexplained illnesses reported by some Gulf War veterans.

Although the results of the literature

search and health risk analyses conducted during the course of this investigation suggest that long-term adverse health effects are not likely, investigators have recommended more research into understanding the potential long-term health problems in soldiers exposed to respirable desert dust and other pollutants. Additionally, researchers would like more information about the physical, chemical and/or biological properties of particles that might cause adverse health effects and how these particulates might interact with other contaminants to present a more potent health threat.

More research needed for CFS patients

(*CFS, from page 3*)

So far, the coordinating committee has made few formal recommendations to the secretary of Health and Human Services. The committee's first recommendation was to ask HHS to examine opportunities to combine existing data from various sources, to better understand the prevalence and epidemiology of CFS. The committee has also asked the secretary to help

develop some clinically useful instruments that could be linked to other CFS information and that more money be made available to attract more researchers into the field.

Sterling summed up the committee's primary message at the end of the meeting. "Increasing funds and intellectual resources has got to be a priority," he said.



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Agencies assisting Gulf War veterans:

<http://www.afa.org/>
Air Force Association
1501 Lee Highway
Arlington, VA 22209-1198

<http://www.legion.org/building.htm>
American Legion
1608 K St., NW
Washington, DC 20006

<http://www.amvets.org/>
AMVETS
4647 Forbes Blvd.
Lanham, MD 20706

<http://www.ausa.org/>
Association of the U.S. Army
2425 Wilson Blvd.
Arlington, VA 22201

<http://www.dav.org/index.html>
Disabled American Veterans
807 Maine St., SW
Washington, DC

<http://www.eangus.org/>
Enlisted Association of the National Guard
1219 Prince St.
Alexandria, VA 22314

<http://www.fra.org/>
Fleet Reserve Association
125 N. West St.
Alexandria, VA 22314-2754

<http://www.mcleague.org/>
Marine Corps League
8626 Lee Highway, #201
Merrifield, VA 22031

<http://www.ngaus.org/>
National Guard Assn of the US
1 Massachusetts Ave., NW
Washington, DC 20001

<http://www.navy-reserve.org/index.html>
Naval Reserve Association
1619 King St.
Alexandria, VA 22314-2793

<http://www.navyleague.org/>
Navy League
2300 Wilson Blvd.
Arlington, VA 22201

<http://www.ncoausa.org/>
Non Commissioned Officers Association
225 N. Washington St.
Alexandria, VA 22314

<http://www.roa.org/>
Reserve Officers Association
1 Constitution Ave., NE
Washington, DC 20002

<http://www.troa.org/>
Retired Officers Association
201 N. Washington St.
Alexandria, VA 22314

<http://www.vfw.org/>
Veterans of Foreign Wars
200 Maryland Ave., NE
Washington, DC 20002

<http://www.vva.org/>
Vietnam Veterans of America
1224 M St., NW
Washington, DC 20005